

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s):	Heidi L. Kroll; Paul A. Worsowicz	<i>I</i>
II. Name of Lobbyist's part	tnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN & 214 North Main Street, Con-	
603-228-1181	603-226-3477	kroll@gcglaw.com
(Telephone)	(Fax)	(Email)
	(Choose one – file separate reports for ions which are not attributable to any o	each client, OR you may file a separate report for ne client.)
All reportable transac	•	eporting date relative to the following client.
	AMERICA'S HEALTH INSURA	
(Fi	all Name of Client as it appears on the Lob	objust Registration Form)
All reportable transactunrelated to any particular		st's family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017 🗵	July 26, 2017 □
•	from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
-	_	_
	October 25, 2017	January 24, 2018
activi	ty from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
V. There have been no fees If this box is checked, comple Concord, NH 03301.	received and no reportable transactions tet just this form and submit it to the Secre	s made since the last report. tary of State's Office, State House, Room 204,
VI. Check if additional rep	oorts are attached: fees or made expenditures, you must file A	Addendum A – Fees and Expenses
If you have paid an h Expense Reimbursen	onorarium or reimbursed expenses, you m	ust file Addendum B – Report of Honorariums or us, you must file Addendum C – Political Contributions
Sworn Statement/Affirmati I have read RSA 15, RSA 15 to the best of my knowledge	-B and RSA 664 and hereby swear or affir	m that the foregoing information is true and complete
(Signature of Lobbyist)		リ <u> </u>
Heidi L. Kroll (Print Name of lobbyist)		RECEIVED

APR 2 6 2017

NEW HAMPSHIRE DEPARTMENT OF STATE T

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STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

	CALLACTED CALLATIAN & CARTEE	I D.C		
	GALLAGHER, CALLAHAN & GARTREI (Name of partnership, firm or corporatio			.,,
III. Name of Client	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date -	April 26, 20	017
lobbying, including fee	unt of all fees received from the client identified above the solution of the	ions, or p	ublic relation	ns services,
a) Total of all fees rec	eived in this reporting period		a) \$	3,916.66
	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$	0.00
c) Total of all fees rec (Add lines a and b)	eived to date.		c) \$	3,916.66
d) Indicate the amount yet been paid.	t of any such fees that are due, but have not		d) \$	8,068.50
fees. Separate reports lobbyist(s)/firm that are to be reported in or reporting period for sexpenses where the exthe cost was \$25.00 or purchase of a ceremon statement of each indicovered by (a) (for exagiven to the subject of legislative reception).	partnerships, firms, or corporations are required to repare to be filed for expenditures made relative to each clip entered to any one client a separate report may be fone of three categories of expenses: (a) the aggregate alaries, benefits, support staff, and office expenses; (by penditure was of \$25.00 or less (for example: meals purchase of a pen with a value of less than \$10 the dial object given to a person being lobbied with a value widual expenditure made during this reporting period of sample: purchase of a meal with value of greater than \$25 for lobbying with a value greater than \$25, but not great Expenses for honorariums, expense reimbursement, or so and should not be reported on Addendum A.	ent and if iled for the e total of the agg rchased cat is give of \$25.00 greater the 5, purchase ter than \$	expenditure ne lobbyist(s all expense gregate total during a busi n to the persi or less); an an \$25.00 fo se of a cerem 550, restauran	s are made by the of all individual ness lunch where on being lobbied (c) an itemize r any purpose no onial object to but expenses for
support staff, and office	penses for this reporting period for salaries, benefits, be expenses, related directly or indirectly to lobbying. expenditures during this reporting period, not reported	a) \$ b) \$		12,002.75
in a), of \$25 or less.	orbonomico dumi mo reporting person, ner reported	a) ¢		0.00
c) Total of all itemize	d expenditures reported in detail in section VI.	c) \$		100.00

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	12,102.75
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	0.00
f) Total of all expenses year to date.	f) \$	12,102.75
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees duperiod, including by whom paid or to whom charged.	ıring t	his reporting
Paid to:		Amount
State of NH	\$_	100.00
State OTTH	. \$ _	
	· 💲 —	
	- 🕏 —	
	· \$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the force is true and complete to the best of my knowledge and belief.	egoin	g information
Signature of lobbyist) 4 20 17 (Date)		
Heidi L. Kroll (Print Name of Lobbyist)		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Paul A. Worsowicz (Print Name of lobbyist)

Statement of Income	and Expenses for:						
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.							
-	blank if Statement is for America's Health Insura	<u>-</u>	rporation and not related to any				
Date of Report (check	one):						
April 26, 2017 🔀	July 26, 2017 🛘	October 25, 2017 🗆	January 24, 2018 □				
		Statement of Income and Exement (insert the number of	penses described above, and the Addendum forms being				
1 Addendum A(s).							
0 Addendum B(s).							
0 Addendum C(s).							
-	m that the foregoing info f my knowledge and belie		nd each Addendum is true and				
Barlah	(orsawy)		420-47				
(Signature of Lobbyis	t) <i>U</i>		(Date)				